

7017 1450 0001 3524 3409

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ 6.88 10/17/18

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To _____

Street and _____

City, State, _____

Postmark Here

Allen M. Soucie
 13124 W. 3000N Rd.
 Essex, IL 60935

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Allen M. Soucie 13124 W. 3000N Rd. Essex, IL 60935</p> <p>9590 9402 3843 8032 3331 92</p> <p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0001 3524 3409</p>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

INVOICE

Royal Reporting Services, Inc.
161 North Clark Street
Suite 3050
Chicago, IL 60601
Phone:312.361.8851 Fax:312.361.8861

Invoice No.	Invoice Date	Job No.
25119	10/18/2018	13807
Job Date	Case No.	
9/25/2018	17 CV 5235	
Case Name		
Soucie, Michelle v. City of Braidwood, Illinois		
Payment Terms		
Net 30		

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

ORIGINAL TRANSCRIPT IN ETRAN FORMAT:

Michelle Soucie	255.00	Pages	@	3.98	1,014.90
Appearance Hourly	5.50	Hours	@	62.50	343.75
Delivery				10.00	10.00
TOTAL DUE >>>					\$1,368.65

Thank you. We appreciate your business.

(-) Payments/Credits:	1,368.65
(+) Finance Charges/Debits:	0.00
(=) New Balance:	\$0.00

255 x \$3.65 = \$930.75
5.5 Hours \$ 220.00
10.00
\$1160.75

Tax ID: 45-5185890

Please detach bottom portion and return with payment.

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Invoice No. : 25119
Invoice Date : 10/18/2018
Total Due : \$0.00

Remit To: **Royal Reporting Services, Inc.**
161 North Clark Street
Suite 3050
Chicago, IL 60601

Job No. : 13807
BU ID : RRS-MAIN
Case No. : 17 CV 5235
Case Name : Soucie, Michelle v. City of Braidwood, Illinois

INVOICE

Royal Reporting Services, Inc.
161 North Clark Street
Suite 3050
Chicago, IL 60601
Phone:312.361.8851 Fax:312.361.8861

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Invoice No.	Invoice Date	Job No.
26079	11/30/2018	13921
Job Date	Case No.	
10/31/2018	17 CV 5235	
Case Name		
Soucie, Michelle v. City of Braidwood, Illinois		
Payment Terms		
Net 30		

COPY OF TRANSCRIPT IN ETRAN FORMAT:

Chief Nicholas Ficarelo

Exhibits scanned

160.00 Pages @ 2.83 452.80
22.00 Pages @ 0.38 8.36

COPY OF TRANSCRIPT IN ETRAN FORMAT:

Chief Nicholas Ficarelo - Confidential

15.00 Pages @ 2.83 42.45

TOTAL DUE >>> \$503.61

Thank you. We appreciate your business.

160 x .90¢ = \$144.00
8.36
15 x .90¢ = 13.50
\$ 165.86

Tax ID: 45-5185890*Please detach bottom portion and return with payment.*

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Job No. : 13921 BU ID : RRS-MAIN
Case No. : 17 CV 5235
Case Name : Soucie, Michelle v. City of Braidwood, Illinois
Invoice No. : 26079 Invoice Date : 11/30/2018
Total Due : \$ 503.61

Remit To: **Royal Reporting Services, Inc.**
161 North Clark Street
Suite 3050
Chicago, IL 60601

PAYMENT WITH CREDIT CARD

Cardholder's Name:

Card Number:

Exp. Date:

Phone#:

Billing Address:

Zip:

Card Security Code:

Amount to Charge:

Cardholder's Signature:

INVOICE

Royal Reporting Services, Inc.
161 North Clark Street
Suite 3050
Chicago, IL 60601
Phone:312.361.8851 Fax:312.361.8861

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Invoice No.	Invoice Date	Job No.
26083	12/3/2018	14169
Job Date	Case No.	
11/1/2018	17 CV 5235	
Case Name		
Soucie, Michelle v. City of Braidwood, Illinois		
Payment Terms		
Net 30		

COPY OF TRANSCRIPT IN ETRAN FORMAT:

James A. Vehrs

65.00 Pages @ 2.83 183.95

Exhibits scanned

16.00 Pages @ 0.38 6.08

COPY OF TRANSCRIPT IN ETRAN FORMAT:

Tari Atherton

53.00 Pages @ 2.83 149.99

Exhibits scanned

3.00 Pages @ 0.38 1.14

TOTAL DUE >>> \$341.16

Thank you. We appreciate your business.

(-) Payments/Credits: 0.00

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$341.16

65 x .90¢ = \$ 58.50
6.08
53 x .90¢ = \$ 47.70
1.14
\$113.42

Tax ID: 45-5185890

Please detach bottom portion and return with payment.

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Invoice No. : 26083
Invoice Date : 12/3/2018
Total Due : \$341.16

Remit To: **Royal Reporting Services, Inc.**
161 North Clark Street
Suite 3050
Chicago, IL 60601

Job No. : 14169
BU ID : RRS-MAIN
Case No. : 17 CV 5235
Case Name : Soucie, Michelle v. City of Braidwood, Illinois

INVOICE

Royal Reporting Services, Inc.
161 North Clark Street
Suite 3050
Chicago, IL 60601
Phone: 312.361.8851 Fax: 312.361.8861

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Invoice No.	Invoice Date	Job No.
26243	12/3/2018	14358
Job Date	Case No.	
11/8/2018	17 CV 5235	
Case Name		
Soucie, Michelle v. City of Braidwood, Illinois		
Payment Terms		
Net 30		

ORIGINAL TRANSCRIPT IN ETRAN FORMAT:

Allen M. Soucie	150.00	Pages	@	3.98	597.00
Appearance Hourly	3.00	Hours	@	62.50	187.50
Exhibits scanned	54.00	Pages	@	0.38	20.52
Delivery				10.00	10.00
TOTAL DUE >>>					\$815.02

Thank you. We appreciate your business.

150 x \$3.65 = \$547.50
3 hours 110.00
20.52
10.00
\$688.02

Tax ID: 45-5185890

Please detach bottom portion and return with payment.

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Job No. : 14358 BU ID : RRS-MAIN
Case No. : 17 CV 5235
Case Name : Soucie, Michelle v. City of Braidwood, Illinois
Invoice No. : 26243 Invoice Date : 12/3/2018
Total Due : \$ 815.02

Remit To: **Royal Reporting Services, Inc.**
161 North Clark Street
Suite 3050
Chicago, IL 60601

PAYMENT WITH CREDIT CARD

Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____
Email: _____

INVOICE

Royal Reporting Services, Inc.
161 North Clark Street
Suite 3050
Chicago, IL 60601
Phone:312.361.8851 Fax:312.361.8861

Invoice No.	Invoice Date	Job No.
27195	1/23/2019	14358
Job Date	Case No.	
11/8/2018	17 CV 5235	
Case Name		
Soucie, Michelle v. City of Braidwood, Illinois		
Payment Terms		
Net 30		

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

COPY OF TRANSCRIPT IN ETRAN FORMAT:

Eric Tessler

Exhibits scanned

55.00	Pages	@	2.83	155.65
7.00	Pages	@	0.38	2.66

TOTAL DUE >>> \$158.31

Payments not received within 60 days will be subject to a 5% per month late fee.

Thank you! We appreciate your business!

(-) Payments/Credits: 0.00

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$158.31

55 x .904 = \$49.50
2.66
\$ 52.16

Tax ID: 45-5185890

Please detach bottom portion and return with payment.

David L. Miller
Rock Fusco & Connelly, LLC
321 N. Clark Street
Suite 2200
Chicago, IL 60654

Invoice No. : 27195
Invoice Date : 1/23/2019
Total Due : **\$158.31**

Remit To: **Royal Reporting Services, Inc.**
161 North Clark Street
Suite 3050
Chicago, IL 60601

Job No. : 14358
BU ID : RRS-MAIN
Case No. : 17 CV 5235
Case Name : Soucie, Michelle v. City of Braidwood, Illinois

VENDOR: Allen M. Soucie

10/3/2018

24948

CHECK NO:

OUR REF. NO.	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
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na

10/03/2018

69.33

69.33

0.00

29829/7 - Allen Soucie witness fee pursuant to subpoena.

ROCK FUSCO & CONNELLY, LLC

OPERATING ACCOUNT
321 NORTH CLARK STREET, SUITE 2200
CHICAGO, IL 60654
(312) 494-1000

WINTRUST
Chicago

70-2544/719

CHECK NO.

CHECK DATE

VENDOR NO.

EZShieldSM Check Fraud
Protection for Business

24948

10/03/2018

TEMP

PAY

Sixty-nine and thirty-three/100

CHECK AMOUNT

69.33

TO THE
ORDER
OF

Allen M. Soucie
13124 W. 3000 N. Road
Essex, IL 60935

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$5,000

AUTHORIZED SIGNATURE

⑈024948⑈ ⑆07192544⑆ ⑈3805978521⑈

ROCK FUSCO & CONNELLY, LLC • OPERATING ACCOUNT

24948

VENDOR: Allen M. Soucie

10/3/2018

24948

CHECK NO:

OUR REF. NO.	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
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na

10/03/2018

69.33

69.33

0.00

29829/7 - Allen Soucie witness fee pursuant to subpoena.

Case: 1:17-cv-05225 Document #: 75-1 Filed: 04/16/19 Page 8 of 9 PageID #:1154 **ROCK FUSCO & CONNELLY, LLC • OPERATING ACCOUNT**

Ciox Health

9/11/2018

24820

24820

VENDOR:

CHECK NO:

OUR REF. NO.	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
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0252807411

08/15/2018

71.05

71.05

0.00

29829/7

ROCK FUSCO & CONNELLY, LLC

OPERATING ACCOUNT
321 NORTH CLARK STREET, SUITE 2200
CHICAGO, IL 60654
(312) 494-1000

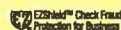
WINTRUST
BANK
Chicago

70-2544/719

CHECK NO.

CHECK DATE

VENDOR NO.



24820

09/11/2018

001928

PAY

Seventy-one and five/100

CHECK AMOUNT

71.05

TO THE
ORDER
OF

Ciox Health
P.O. Box 409740
Atlanta, GA 30384

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$5,000

AUTHORIZED SIGNATURE

⑈024820⑈ ⑆071925444⑆ ⑆3805978521⑈

ROCK FUSCO & CONNELLY, LLC • OPERATING ACCOUNT

Ciox Health

9/11/2018

24820

VENDOR:

CHECK NO:

OUR REF. NO.	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
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0252807411

08/15/2018

71.05

71.05

0.00

29829/7



Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

ciox
HEALTH
INVOICE

Invoice #: **0252807411**
Date: **8/15/2018**
Customer #: 2162089

Ship to:

ROCK FUSCO AND CONNELLY
ROCK FUSCO AND CONNELLY LLC
321 N CLARK ST
STE 2200
CHICAGO, IL 60654-4614

Bill to:

ROCK FUSCO AND CONNELLY
ROCK FUSCO AND CONNELLY LLC
321 N CLARK ST
STE 2200
CHICAGO, IL 60654-4614

Records from:

PRESENCE MEDICAL GROUP
7435 W TALCOTT AVE
CHICAGO, IL 60631-3707

Requested By: ROCK FUSCO AND CONNELLY
Patient Name: SOUCIE MICHELLE

DOB: 031276

Description	Quantity	Unit Price	Amount
Basic Fee			27.91
Retrieval Fee			0.00
Per Page Copy (Paper) 2	25	1.05	26.25
Per Page Copy (Paper) 1	20	0.70	14.00
Shipping			2.89
Subtotal			71.05
Sales Tax			0.00
Invoice Total			71.05
Balance Due			71.05

Pay your invoice online at <https://paycioxhealth.com/pay/>

Terms: Net 30 days **Please remit this amount : \$ 71.05 (USD)**

Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Invoice #: **0252807411**

Check # _____

Payment Amount \$ _____

Get future medical records as soon as they are processed,
by signing up for secure electronic delivery.
Register at: edelivery.cioxhealth.com

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.